



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/002,222
Filing Date	November 28, 2001
First Named Inventor	Thompson, Mark R.
Group Art Unit	
Examiner Name	

6

Attorney Docket Number

019396-001700US

COPY OF PAPERS
ORIGINALLY FILED Fee Transmittal Form Fee Attached Amendment / Response After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 Assignment Papers
(for an Application) Drawing(s) Licensing-related Papers Petition Routing Slip (PTO/SB/69) and Accompanying Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply) **COPY OF PAPERS
ORIGINALLY FILED** Proprietary Information Status Letter Other Enclosure(s)
(please identify below):

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Technology Center 2100

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	Townsend and Townsend and Crew LLP William F. Vobach	Reg. No. 39,411
Signature		
Date	January 10, 2002	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

January 10, 2002

Typed or printed name	Kay Barclay
Signature	
Date	January 10, 2002

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.



TOTAL AMOUNT OF PAYMENT (\$)

0

Complete If Known

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METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number	20-1430
Deposit Account Name	Townsend and Townsend and Crew LLP
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	

2. Payment Enclosed:
 Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	(\\$)	(\\$)
101	740	201	370
106	330	206	165
107	510	207	255
108	740	208	370
114	160	214	80
SUBTOTAL (1)			

2. EXTRA CLAIM FEES

Total Claims	-20**	=	Extra Claims	X	Fee from below	=	Fee Paid
Independent Claims	-3**	=		X		=	
Multiple Dependent				X		=	

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	(\\$)	(\\$)
103	18	203	9
102	84	202	42
104	280	204	140
109	84	209	42
110	18	210	9
SUBTOTAL (2)			

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	(\\$)	(\\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	400	216	200
117	920	217	460
118	1,440	218	720
128	1,960	228	980
119	320	219	160
120	320	220	160
121	280	221	140
138	1,510	138	1,510
140	110	240	55
141	1,280	241	640
142	1,280	242	640
143	460	243	230
144	620	244	310
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	740	246	370
149	740	249	370
179	740	279	370
169	900	169	900
Other fee (specify)			

The Commissioner is authorized to charge any additional fees to the above noted Deposit Account.

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	William F. Vobach	Registration No. (Attorney/Agent)	39,411	Telephone	303-571-4000
Signature	William F. Vobach			Date	January 10, 2002

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